

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00402215	DATE OF AWARD
		MODIFICATION NUMBER: 6	08/01/2017
		PROGRAM CODE: A	MAILING DATE
		TYPE OF ACTION Augmentation: Increase	08/08/2017
RECIPIENT TYPE: County		PAYMENT METHOD: ASAP	
RECIPIENT: Palm Beach County Health Department 800 Clematis St., P.O. Box 29 West Palm Beach, FL 33402-0029 EIN: 59-3502843		Send Payment Request to: Las Vegas Finance Center	
PROJECT MANAGER Laxmana Tallam, P.E. 800 Clematis St., P.O. Box 29 West Palm Beach, FL 33402-0029 E-Mail: laxmana.tallam@flhealth.gov Phone: 561-837-5978		PAYEE: Palm Beach County Health Department 826 Evernia Street West Palm Beach, FL 33402-0029	ACH# 40170
EPA PROJECT OFFICER Angela Isom 61 Forsyth Street Atlanta, GA 30303-8960 E-Mail: isom.angela@epa.gov Phone: 404-562-9092		EPA GRANT SPECIALIST Sharonita Johnson Grants and Audit Management Section E-Mail: johnson.sharonita@epa.gov Phone: 404-562-8311	
PROJECT TITLE AND EXPLANATION OF CHANGES Air Pollution Control Program Support This action approves an increase in the amount of \$109,792 to Palm Beach County, Florida to support their ongoing program to protect air quality so that it achieves established ambient air standards and protects human health. The program includes ambient air monitoring and various other activities to reduce or control air pollutants such as ozone, particulate matter, regional haze, sulfur dioxide, carbon monoxide, and mercury.			
BUDGET PERIOD 10/01/2014 - 09/30/2017	PROJECT PERIOD 10/01/2014 - 09/30/2017	TOTAL BUDGET PERIOD COST \$1,578,701.00	TOTAL PROJECT PERIOD COST \$1,578,701.00
NOTICE OF AWARD			
Based on your Application dated 06/10/2016 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$109,792. EPA agrees to cost-share <u>56.46%</u> of all approved budget period costs incurred, up to and not exceeding total federal funding of \$850,557. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS 61 Forsyth Street Atlanta, GA 30303-8960		ORGANIZATION / ADDRESS U.S. EPA, Region 4 Air, Pesticide and Toxic Management Division 61 Forsyth Street Atlanta, GA 30303-8960	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Keva R. Lloyd - Grants Management Officer			DATE 08/01/2017

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FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 740,765	\$ 109,792	\$ 850,557
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 687,222	\$	\$ 687,222
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 1,427,987	\$ 109,792	\$ 1,537,779

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1704VW7141	17	E1	04V2	102A04	4112			109,792
									109,792

Budget Summary Page: Palm Beach S105

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$791,209
2. Fringe Benefits	\$298,286
3. Travel	\$16,191
4. Equipment	\$93,701
5. Supplies	\$29,936
6. Contractual	\$0
7. Construction	\$0
8. Other	\$70,878
9. Total Direct Charges	\$1,300,201
10. Indirect Costs: <u>26.16%</u> Base <u>salary+fringe</u>	\$278,500
11. Total (Share: Recipient <u>43.54</u> % Federal <u>56.46</u> %.)	\$1,578,701
12. Total Approved Assistance Amount	\$891,479
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$109,792
15. Total EPA Amount Awarded To Date	\$850,557

Administrative Conditions

The Following Administrative Condition Has Been Revised:

The recipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-april-27-2017-or-later>. These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at <http://www.epa.gov/grants/grant-terms-and-conditions>.

All Other Administrative Conditions Remain the Same

Programmatic Conditions

All Programmatic Conditions Remain the Same.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00402215		DATE OF AWARD
		MODIFICATION NUMBER: 7		12/20/2017
		PROGRAM CODE: A		MAILING DATE
		TYPE OF ACTION Augmentation: Increase		12/27/2017
PAYMENT METHOD: ASAP		ACH# 40170		
RECIPIENT TYPE: County		Send Payment Request to: Las Vegas Finance Center		
RECIPIENT:		PAYEE:		
Palm Beach County Health Department 800 Clematis St., P.O. Box 29 West Palm Beach, FL 33402-0029 EIN: 59-3502843		Palm Beach County Health Department 826 Evernia Street West Palm Beach, FL 33402-0029		
PROJECT MANAGER		EPA PROJECT OFFICER		EPA GRANT SPECIALIST
Laxmana Tallam, P.E. 800 Clematis St., P.O. Box 29 West Palm Beach, FL 33402-0029 E-Mail: laxmana.tallam@flhealth.gov Phone: 561-837-5978		Angela Isom 61 Forsyth Street Atlanta, GA 30303-8960 E-Mail: isom.angela@epa.gov Phone: 404-562-9092		Sharonita Johnson Grants and Audit Management Section E-Mail: johnson.sharonita@epa.gov Phone: 404-562-8311
PROJECT TITLE AND EXPLANATION OF CHANGES Air Pollution Control Program Support This action approves an increase in the amount of \$134,000 to Palm Beach County, Florida to support their ongoing program to protect air quality so that it achieves established ambient air standards and protects human health. The program includes ambient air monitoring and various other activities to reduce or control air pollutants such as ozone, particulate matter, regional haze, sulfur dioxide, carbon monoxide, and mercury. This action also extends the budget and project period end date from 9/30/17 to 9/30/18.				
BUDGET PERIOD 10/01/2014 - 09/30/2018	PROJECT PERIOD 10/01/2014 - 09/30/2018	TOTAL BUDGET PERIOD COST \$2,124,408.00	TOTAL PROJECT PERIOD COST \$2,124,408.00	
NOTICE OF AWARD				
Based on your Application dated 07/21/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$134,000. EPA agrees to cost-share 56.09% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$984,557. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.				
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE		
ORGANIZATION / ADDRESS		ORGANIZATION / ADDRESS		
61 Forsyth Street Atlanta, GA 30303-8960		U.S. EPA, Region 4 Air, Pesticide and Toxic Management Division 61 Forsyth Street Atlanta, GA 30303-8960		
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY				
Digital signature applied by EPA Award Official Keva R. Lloyd - Grants Management Officer				DATE 12/20/2017

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FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 850,557	\$ 134,000	\$ 984,557
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 687,222	\$ 245,568	\$ 932,790
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 1,537,779	\$ 379,568	\$ 1,917,347

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1804VW8007	18	E1	04V2	000A04	4112			134,000
									134,000

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,063,794
2. Fringe Benefits	\$401,050
3. Travel	\$22,691
4. Equipment	\$113,701
5. Supplies	\$47,994
6. Contractual	\$0
7. Construction	\$0
8. Other	\$103,366
9. Total Direct Charges	\$1,752,596
10. Indirect Costs: <u>24.86%</u> Base Salary+fringe	\$371,812
11. Total (Share: Recipient <u>43.91 %</u> Federal <u>56.09 %</u> .)	\$2,124,408
12. Total Approved Assistance Amount	\$1,191,618
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$134,000
15. Total EPA Amount Awarded To Date	\$984,557

Administrative Conditions

The Following Administrative Condition Has Been Revised :

GENERAL TERMS AND CONDITIONS

The recipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-2-2017-or-later>. These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at <http://www.epa.gov/grants/grant-terms-and-conditions>.

All Other Administrative Conditions Remain the Same

Programmatic Conditions

The Following Programmatic Conditions Have Been Revised:

Joint Evaluation for FY 2018:

Participate with EPA in an end of year evaluation of performance to be completed by January 31, 2019. This evaluation will be based on an annual summary report submitted by the agency by December 31st, and on progress reports received throughout the year. In accordance with 40 CFR 35.115 and the EPA Policy on Managing Unliquidated Obligations and Ensuring Progress under EPA Assistance Agreements, the joint evaluation process will include:

- a) discussions of accomplishments as measured against work plan commitments;
- a) discussions of the cumulative effectiveness of the work performed under all work plan components;
- b) discussions of existing and potential problem areas;
- c) suggestions for improvement, including, where feasible, schedules for making improvements; and
- d) discussions of how effectively grant funds were managed and utilized, taking into account any accumulation of unliquidated obligations.

As part of the joint evaluation process for assistance agreements funded with no-year appropriations the Regional Program Offices will be responsible for including a review of funds utilization. As part of the new Unliquidated Obligations (ULOs) Grants Policy Guidance this is a placeholder until the National Program Manager (NPM) & Program Managers address "sufficient progress" programmatic term & condition.

The recipient agrees to continue workplan negotiations until the workplan is fully approved by

January 31, 2018.

All Other Programmatic Conditions Remain the Same.

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

06/10/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

A004022

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

FL. Dept. of Health Palm Beach County

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-3502843

* c. Organizational DUNS:

3642150610000

d. Address:

* Street1:

800 Clematis Street

Street2:

* City:

West Palm Beach

County/Parish:

Palm Beach

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33402-0029

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Laxmana

Middle Name:

* Last Name:

Tallam

Suffix:

Title:

Environmental Administrator

Organizational Affiliation:

Local Air Program-FL Palm Beach County

* Telephone Number:

561-837-5978

Fax Number:

561-837-5295

* Email:

Laxmana.Tallam@flhealth.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

State Government/Local Agency

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

* 12. Funding Opportunity Number:

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Palm Beach County Air Pollution Control Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="354,971.00"/>
* b. Applicant	<input type="text" value="245,568.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="600,539.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text" value="07/21/2017"/>		4. Applicant Identifier: <input type="text" value="A-00402215"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text" value="A-00402215"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Florida Department of Health Palm Beach County"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-3502843"/>		* c. Organizational DUNS: <input type="text" value="3642150610000"/>
d. Address:		
* Street1: <input type="text" value="800 Clematis Street"/>		
Street2: <input type="text" value="P.O. Box: 29"/>		
* City: <input type="text" value="est Palm Beach"/>		
County/Parish: <input type="text" value="Palm Beach"/>		
* State: <input type="text" value="FL: Florida"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="33402-0029"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Dept of Health Palm Beach CO."/>		Division Name: <input type="text" value="Environmental Public Health"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="Laxmana"/>
Middle Name: <input type="text" value="R."/>		
* Last Name: <input type="text" value="Tallam"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Environmental Administrator"/>		
Organizational Affiliation: <input type="text" value="Local Air Program Administrator - FL Palm Beach County"/>		
* Telephone Number: <input type="text" value="561-837-5978"/>		Fax Number: <input type="text" value="561-837-5295"/>
* Email: <input type="text" value="Laxmana.Tallam@FLhealth.gov"/>		

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

State Government/ Local Agency

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

* 12. Funding Opportunity Number:

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Palm Beach County Air Pollution Control Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="300,139.00"/>
* b. Applicant	<input type="text" value="245,568.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="545,707.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Air Pollution Section 105 FY 2018	66.001	\$ 300,139.00	\$ 245,568.00	\$ 300,139.00	\$ 245,568.00	\$ 545,707.00
2.						
3.						
4.						
5. Totals		\$ 300,139.00	\$ 245,568.00	\$ 300,139.00	\$ 245,568.00	\$ 545,707.00

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Prescribed by OMB (Circular A -102) Page 1

Tracking Number:GRANT12455843

Funding Opportunity Number:EPA-CEP-01 Received Date:Jul 21, 2017 11:23:34 AM EDT

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Air Pollution Section 105 FY 2018				
a. Personnel	\$ 272,585.00	\$	\$	\$	\$ 272,585.00
b. Fringe Benefits	102,764.00				102,764.00
c. Travel	6,500.00				6,500.00
d. Equipment	20,000.00				20,000.00
e. Supplies	18,058.00				18,058.00
f. Contractual					
g. Construction					
h. Other	32,488.00				32,488.00
i. Total Direct Charges (sum of 6a-6h)	452,395.00				\$ 452,395.00
j. Indirect Charges	93,312.00				\$ 93,312.00
k. TOTALS (sum of 6i and 6j)	\$ 545,707.00	\$	\$	\$	\$ 545,707.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Air Pollution Section 105 FY 2018	\$ 245,568.00	\$	\$	\$ 245,568.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 245,568.00	\$	\$	\$ 245,568.00

SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 300,139.00	\$ 75,035.00	\$ 75,035.00	\$ 75,035.00	\$ 75,034.00
14. Non-Federal	\$ 245,568.00	61,392.00	61,392.00	61,392.00	61,392.00
15. TOTAL (sum of lines 13 and 14)		\$ 545,707.00	\$ 136,427.00	\$ 136,427.00	\$ 136,426.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	Air Pollution Section 105 FY 2018	\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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Prescribed by OMB (Circular A-102) Page 2

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mrs.	First Name: Alina	Middle Name: M.
	Last Name: Alonso	Suffix:	
Title:	Director		
Complete Address:			
Street1:	800 Clematis Street		
Street2:			
City:	West Palm Beach	State:	FL: Florida
Zip / Postal Code:	33402	Country:	USA: UNITED STATES
Phone Number:	561-671-4003	Fax Number:	561-837-5194
E-mail Address:	Alina.Alonso@FLhealth.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Andy	Middle Name:
	Last Name: Edwards	Suffix:	
Title:	Chief Financial Officer		
Complete Address:			
Street1:	800 Clematis Street		
Street2:			
City:	West Palm Beach	State:	FL: Florida
Zip / Postal Code:	33402	Country:	USA: UNITED STATES
Phone Number:	561-671-4121	Fax Number:	561-837-5202
E-mail Address:	Andy.Edwards@FLhealth.gov		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mr.	First Name: Laxmana	Middle Name: R.
	Last Name: Tallam	Suffix:	
Title:	Environmental Administrator		
Complete Address:			
Street1:	800 Clematis Street		
Street2:			
City:	West Palm Beach	State:	FL: Florida
Zip / Postal Code:	33402	Country:	USA: UNITED STATES
Phone Number:	561-837-5978	Fax Number:	561-837-5295
E-mail Address:	Laxmana.Tallam@FLhealth.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City:

State:

Zip / Postal Code:

Country:

Phone Number:

Fax Number:

E-mail Address: